

## Respite Care

Revised June 2018

### **Definition**

Respite Care is assistance and supervision provided to a HASCI Waiver participant due to a short-term absence of or need for relief by those normally providing unpaid care. It can be provided on a periodic and/or emergency basis to relieve one or more unpaid caregivers.

The service may include hands-on assistance or direction/cueing for personal care and/or general supervision to assure safety. It may include skilled nursing procedures only if these are specifically delegated by a licensed nurse or as otherwise permitted by State law.

Respite Care may be provided in a variety of community or institutional settings. Federal Financial Participation (FFP) will not be claimed for cost of room and board except if Respite Care is provided in a facility approved by the State that is not a private residence.

### **Service Unit**

Non-Institutional Respite Care: one unit equals one (1) hour

Institutional Respite Care: one unit equals one (1) day when the participant is present at midnight

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

### **Service Limit / Restrictions**

Non-Institutional Respite Care on an hourly basis may be provided in the following locations:

- Participant's home or other private residence
- Group home:
  - SCDDSN licensed residence (CTH-I or CTH-II)
  - SCDHEC licensed Community Residential Care Facility (CRCF) operated by an agency contracted with SCDDSN

Institutional Respite Care on a daily basis may be provided in the following locations:

- Medicaid-certified hospital
- Medicaid-certified nursing facility (NF)
- Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID); this may be a SCDDSN Regional Center or a community ICF/IID

Respite Care cannot substitute or be an ongoing supplement to a participant's authorized Attendant Care/Personal Assistance or Medicaid Waiver Nursing funded by the HASCI Waiver. There must be one or more identified unpaid caregivers to be relieved.

Within the authorized units, Respite Care may be provided on the same days that Attendant Care/Personal Assistance and/or Medicaid Waiver Nursing is received, but must be provided at different hours.

The amount of Non-Institutional Respite care approved takes the entire waiver service package into consideration, including services such as Attendant Care/Personal Assistance and Medicaid Waiver Nursing.

Except in extreme circumstances, Non-Institutional (Hourly) Respite Care may not exceed 16 units per calendar day. Unless there is clear justification, Respite Care does not include time when the participant/Respite Care worker is sleeping. To exceed 16 units per day, prior approval must be obtained from the Waiver Administration Division; approval may be time limited.

Note: For children under the age of 12, the waiver will only fund care that is directly related to the child's disability. The caregiver is responsible for care equal to that of parents of non-disabled children.

Note: For children in Foster Care, the Case Manager must receive approval from the DSS worker before Respite can be provided. The approval must be documented in Case Notes.

Note: Participants receiving Residential Habilitation may not receive both Respite Care and Residential Habilitation on the same day through the HASCI Waiver.

Note: A Respite caregiver and Attendant Care/Personal Assistance Provider cannot render services at the same time. Respite services and Attendant Care/Personal Assistance Services are not interchangeable.

## **Providers**

Non-Institutional (Hourly) Respite Care may be provided by the following:

- An agency or company directly enrolled with SCDHHS as a Respite Care provider for HASCI Waiver participants
- A DSN Board or other qualified provider agency contracted by SCDDSN for Respite Care or Home Supports

The DSN Board or provider agency is responsible to ensure that Respite Care workers meet minimum qualifications as stipulated in SCDDSN Respite Program Standards.

*This can be accessed on the SCDDSN website: [www.ddsn.sc.gov](http://www.ddsn.sc.gov) >About DDSN >Directives and Standards >Current DDSN Standards.*

The DSN Board or provider agency must also comply with SCDDSN Directives 567-01-DD, Employee Orientation, Pre-Service and Annual Training Requirements and 735-02-DD, Relatives/Family Members Serving as Paid Caregivers of Respite Services. *These can be accessed on the SCDDSN website: [www.ddsn.sc.gov](http://www.ddsn.sc.gov) >About DDSN >Directives and Standards >Current DDSN Directives.*

If Respite Care will be provided in a participant's home or other private residence, the DSN Board or provider agency must certify Respite Care workers using SCDDSN's *Home Supports Caregiver Certification*. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

Institutional (Daily) Respite Care may be provided by the following:

- SC Medicaid-certified hospital
- SC Medicaid-certified nursing facility (NF)
- SC Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). This may be a SCDDSN Regional Center or a community ICF/IID.

## **Arranging and Authorizing the Service**

When it is determined Respite Care is needed and desired on a periodic, occasional, or emergency basis to provide relief to one or more identified unpaid caregivers, the need must be clearly documented in the participant's Support Plan. Completion of the HASCI Waiver Respite Assessment is required prior to authorizing the service (except in emergency/crisis situations). Also, once the service is approved and authorized, this assessment must be completed annually face to face for the duration of the service as part of the Annual Assessment, and as changes/updates are requested. The HASCI Waiver Respite Assessment is designed to supplement the Case Management Assessment in providing detailed

information regarding the participant's difficulty of care and to determine the caregiver's stress level and identify other information related to the need for Respite. The information gathered from the assessment will help the Case Manager determine how many units of Respite are appropriate to meet the needs of the participant and his/her caregiver.

For Institutional Respite Care, admissions are often restricted due to bed availability and appropriateness/capability of a hospital, NF, or ICF-IID to accept a particular individual. Additional referral procedures/forms may be required by the hospital, NF, or ICF-IID. The Case Manager must inquire about any Respite Care referral procedures required by that facility and follow-up as necessary.

Prior to authorization of the service, the participant's Support Plan must be updated to clearly reflect the name of the service and funding source, the amount, frequency, and duration of the service, and service provider type. In order to update the Support Plan, the Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will review the request and the Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Upon approval, the case manager must enter the service into the Service Tracking System (STS).

The participant or representative must be offered choice among types of Respite Care available through the HASCI Waiver and must be offered choice of available providers. It must be clearly documented in Case Notes that these options and choices were offered, as well as the selection(s) made by the participant or representative.

Upon approval by the Waiver Administration Division, Respite Care must be authorized to the chosen provider using *Authorization for Respite Care* (HASCI Form 12-RC). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

- If Institutional Respite Care will be provided in a hospital or NF, both HASCI Form 12-RC and *Community Long Term Care Adult Day Health Care/Respite* (DHHS Form 122) must be submitted to the facility. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*
- If Institutional Respite Care will be provided in a SCDDSN Regional Center ICF/IID, HASCI Form 12-RC must be sent to the Claims and Collections Officer at the designated Regional Center. If Institutional Respite Care will be

provided in a community ICF/ID, HASCI Form 12-RC must be sent to the Finance Director of the provider agency.

## **Billing**

**Non-Institutional (Hourly) Respite Care provided by a DSN Board or qualified provider agency** must be Board-billed to the participant's Financial Manager agency. This includes Respite Care provided in a participant's home or other private residence or in a licensed group home. Billing to the Financial Manager agency must be checked on *HASCI Form 12-RC*; no prior authorization number is required.

- The DSN Board or provider agency is responsible for maintaining documentation that service was rendered for each unit billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10 >Section 10-14.*

**Non-Institutional (Hourly) Respite Care provided by an agency or company enrolled with SCDHHS as a Respite Care provider for the HASCI Waiver** must be Direct-billed to Medicaid. Billing to South Carolina Department of Health and Human Services must be checked on *HASCI Form 12-RC*; a prior authorization number must be assigned.

**Institutional (Daily) Respite Care in a hospital or nursing facility** must be Direct-billed to Medicaid. Billing to South Carolina Department of Health and Human Services must be checked on *HASCI Form 12-RC*; a prior authorization number must be assigned.

**Institutional (Daily) Respite Care in a SCDDSN Regional Center or community ICF/ID** must be Board-billed to the participant's Financial Manager agency. Billing to the Financial Manager agency must be checked on *HASCI Form 12-RC*; no prior authorization number is required.

- The facility is responsible for maintaining documentation that service was rendered for each unit billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >BusinessTools >Forms >Finance Manual Chapter 10 >Section 10-14.*

## **Monitorship**

The Case Manager must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service,
- Contact with the participant and/or representative at least every 60 days,
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
- Face-to-face visit with the participant at least every 180 days, and
- Review of the participant's Support Plan as often as needed, but at least every 180 days.

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

## **Service Denial, Reduction, Suspension, and Termination**

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Case Manager must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Case Manager must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

*These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

When the action becomes effective, the participant's Support Plan must be updated. In order to update the Support Plan, the Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will update the Support Plan to reflect the change in the service and will reconcile the waiver budget accordingly.

Service information must be entered into STS by the Case Manager as necessary.